

CLAIMS ONLY		Application Number <div style="font-size: 1.5em; font-family: cursive;">10/15/10C0</div>	Filing Date
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	9					
Total Depend	20					
Total Claims	29					

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